

State of Idaho DIVISION OF PUBLIC WORKS <b>CONTRACTOR REQUEST FOR PAYMENT</b> SUBMIT ONE ORIGINAL		DPW PROJECT NO.	
		Code #	AMOUNT
		CC	
		DATE	
Name and Location of Project			
Name and Address of Contractor			
Request No.	For Period _____ TO _____		
<b>ANALYSIS OF CONTRACT AMOUNT TO DATE</b>			
Original Contract Amount		\$	_____. (1)
Net Amount of Change Orders through CO# _____		\$	_____. (2)
Adjusted Contract Amount ( <i>Line 1 + Line 2</i> )		\$	_____. (3)
<b>ANALYSIS OF WORK PERFORMED (Attach Pay Estimate Breakdown)</b>			
Value of Work Performed from Column 4 of Estimate Breakdown		\$	_____ (4)
Less Amount Retained Per Contract Terms (5% of Line 4 above, show % if different) _____%		\$	_____ (5)
Net Amount Earned to Date		\$	_____ (6)
Less Previous Payments		\$	_____ (7)
<b>BALANCE DUE THIS PAYMENT</b> ( <i>Line 6 - Line 7</i> )		\$	_____ (8)
<b>CERTIFICATION OF CONTRACTOR:</b>			
<i>I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.</i>			
Certified by Contractor		Date	
<b>I certify that I have inspected the above work. To the best of my knowledge, it is in accordance with contract requirements and the estimated quantities are correct.</b>			
Certified by (Architect/Engineer)		Date	
Inspected by DPW Field Representative		Date	Final Documents Received (Field Representative)
Recommended by DPW Project Manager		Date	
Approved by Senior Field Representative		Date	

Original    Fiscal    Copies to: Contractor, A/E, DPW FR, DPW Contract File

Use more pages if necessary.